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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/004,545		
Filing Date	December 5, 2001		
First Named Inventor	ALLEN		
Group Art Unit	2681		
Examiner Name			
Attorney Docket Number	24120-002		

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To: Assistant Commissioner for Patents Washington, DC 20231								
I hereby apply to withdraw as attorney or agent for the above identified patent application.								
The reasons for this request are:								
Applicant has an unpaid balance with attorney of record over six months old. This request is made on behalf of myself and all the attorneys/agents of record. A copy of this request is being provided (via 1st class mail & certified mail) to the last known address of the applicant.								
As of January 26, 2004, no office action has issued. It is therefore submitted that the client/applicant would not be prejudiced by the granting of this petition.								
The correspondence address is NOT affected by this withdrawal.								
2. Change the c	correspondence address and direct all futi	•	ondence to:					
CORRESPONDENCE ADDRESS								
Customer Numbe	<i>*</i>	Piece Customer Number Bar Code Label here						
OR								
Firm or Individual Name		Gregory A	vlen					
Address		President/	CEO					
Address		2565 Broa	dway					
City	New York	State	NY	ZIP	10025			
Country		USA						
Telephone	1-877-897-9880	Fax						
This request is made on behalf of myself and all the attomeys/agents of record, the attorneys/agents (with registration numbers) listed on the attached paper(s), or the attomeys/agents associated with Customer Number This request is enclosed in triplicate (including any attachments).								
Name	Mark	k Montague	8	2				
Signature	Men	4/1	resto	2				
Date	Janua	ary 26, 200	4					
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Weshington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.